EVERSPLIT0000021-EVERSPLIT0000035

David Chasman 535 W. 110th #3A New York, NY 10025 +1 917 238-7500 david.chasman@gmail.com August 11, 2009

JP Morgan Chase Bank N.A.

Subject: Addendum to form N15199 for Rose Ann Chasman IRA.

Dear Madam or Sir:

I have other IRA beneficiary accounts from my mother, Rose Ann Chasman, deceased, that will be used to satisfy the RMD (required minimum distribution). It is for this reason that I have indicated a beginning distribution date of 2049 – which I will modify when necessary to satisfy RMD requirement. I have discussed this with Lexi Valdez SID: 1065626 - if you have any further questions about this please contact her. If you have any further questions for me, please call me.

Thank You

David Chasman

Traditional IRA Election of Payment by Beneficiary (Continued)

Rose Ann Chasman 355-30-6310

A. In: (Con	structions Regarding I	on-FDIC investments	must be used to fund this	withdrawal.)	
	If the plan holds brokerage if the plan holds brokerage Decedent's IRA to my Be	e assets. I hereby d	irect that the asset(s) listed irect that my share of the	d below be liquidated and distr asset(s) listed below be journa	buted, led from the
Broken	age Account Number	Position	Description or CUSIP #	# of Shares	All Shares
	"""		7		

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Atta	ech additional sheet if necess	ery.		101	""
2.	Payments are to be ma Begin payments on Payments are to be (ch Deposited to my Ch Deposited to my Deposited to my	_01/01/2049 eck one and comp ase □ checking or at the address list	elete requested informat □ savings account # ted above	•	at
	Financial fr	stitution's Name		Institution's Routing Transit	Number
	Maili	ng Address	r savings account form is i	City, State Zip	1
reque Custe be fe I am distr appli acco the re	ested above. I have re- podial Agreement and Dis- es associated with the li- responsible for ensuri- ibutions can have implicable, will be reported unting or tax advisor esulting distributions. I de-	ceived, read and sclosure Statemen quidation of certain ng that there are ortant tax consect to the IRS or for questions. I certify that no tax of services.	agree to the terms that and Account Rules and investments including sufficient funds for the fuences and that thes a Form 1099-R. I unassume full responsibility legal advice has been	nare of the deceased's IR t govern my share as cond Regulations. I acknowled early withdrawal penalties, less distributions, I under the distributions, and any tonderstand that I should lity for the consequences on given to me by the Custoof any resulting liabilities	tained in the IR/ lge that there may I understand that stand that these ax withholding i consult a legal f this election and lian. All decisions
X_ Signature o	f Beneficlary/Guardian	« /	/11/2009 Date	Notary (required if not come State of Florible)	pleted in branch)
				County of 5002082	\mathcal{A}_{i} ,
XAccepted by	S.57 Neft. FJPMorgan Chase Bank, N.A	essole (Custodian)	8/11/09 Date	Subscribed and swom to me	\$11/109
	RED BRANCH/DEPAR				
Bank No Employe	<u>FL7 - 1717 F</u> e Name	il Code L7-0(85	Cost Center No.	7 Date 08/11/09 Telephone No	
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N15199 (12/2006)

Distribution: 1 Copy - Retirement Services Ft.2-3 1 Copy - Participant



JPMorgan Chase Bank, N.A.

Custodian

TRADITIONAL IRA ELECTION OF PAYMENT BY BENEFICIARY

Use this form to request a withdrawel from a Traditional IRA, Traditional Rollover IRA (Conduit), SEP, or SARSEP due to the death of a participant. To facilitate payment, a copy of the death certificate must be submitted with this request. Additional information may be required, including but not limited to letters of appointment or authority issued by a court of proper jurisdiction (applies to Estates only), properly executed inheritance or Estate tax waiver forms issued by the appropriate department (if applicable), and/or a copy of the Trust document. A separate form must be submitted for each beneficiary. To submit new instructions for a systematic sell of mutual funds held in your retirement brokerage account, complete a Mutual Fund Systematic Request. To change existing instructions for a systematic sell of mutual funds held in your retirement brokerage account, complete a Systematic Change Request.

Participant Inf Participant Name (First)	(Middle Initial)	(Last)		17	.
Rose	Ann	Chasman			
Street Address	""	City	Sta	ate Zip Code	
2604 W. Jarvis Social Security Number		Chicago			
355-30-6310	Date of Birth	Date of Death	Residency Stat		
300-30-6310	09/27/1938	08/24/2007	♥ US Citizen	☐ Resident Alien ☐ Non-Resident	Alien
	raditional IRA □Tradit			P □SARSEP	
Request Type R N	lew request	nge of existing instruc	tion		
Beneficiary Info	ormation				
Beneficiary Name (First)	(Middle Initial)	(Last)			
David Street Address		<u>Chasman</u>			
		City	Sts		
535 W. 110th #3A Social Security/Texpayer ID N	umber Date of Birth, if applica	New York Die Caytime Phone Num		IY 10025	
015-40-4677	03/08/1964	917-238-7500		' Status zen □ Resident Alien □ Non-Resi	^
	100/00/1004	<u> </u>		Zen - Aesiden Allen - Non-Resi	gent Aik
Type of Beneficiary:	: ☑Individual □Esta	ate □Trust □Charit	v 🗆 Other		_
			, <u> </u>		
Name of Executor, Trustee, Cr	nent (Election options		arate account	ing rules. Consult your tax a	ıdviso
Name of Executor, Trustee, Cr	nent (Election options		arate account	ing rules. Consult your tax a	ıdvisor
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Name of Executor, Trustee, Cr Election of Payr Elections	ment (Election options I elect to: □Receive an immed		in one lump si n of \$		dvisor
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N15199 (07/07)

Distribution: 1 Copy - Retirement Services FL2-3319

1 Copy - Participant

Page 1 of 3

The participant died before their Required Beginning Date* and I elect to receive distributions beginning no later than December 31 of the calendar year after the year of the participant's death (check one): © Over my single life expectancy Over years (not to exceed my single life expectancy) The participant died on or after their Required Beginning Date* and I elect to receive distributions beginning no later than December 31 of the calendar year after the year of the participant's death (check one): Over my single life expectancy Over years (not to exceed the longer of my single life expectancy or the single life expectancy of the decedent)
□ The participant died before their Required Beginning Date* and I elect to receive distributions over years (not to exceed five years which ends on December 31 of the calendar year which contains the fifth anniversary of the participant's death). □ The participant died on or after their Required Beginning Date* and I elect to receive distributions over years (not to exceed the remaining single life expectancy of the deceased participant). □ I elect to receive periodic distributions according to the rules applicable to a Trust with one or more designated beneficiaries.

Rose Ann Chasman 355-30-6310

IV. Withholding Election

Distributions from a Traditional IRA, Traditional Rollover IRA (Conduit), SEP or SARSEP are subject to Federal and, in some cases, State income tax withholding. Unless you elect otherwise below, 10% of your distribution amount must be withheld in prepayment of Federal income taxes. This election will remain in effect until revoked in writing, by you. If applicable, State income tax must be withheld according to requirements for your state of residence. Several states require withholding from your distribution if you are subject to Federal income tax withholding (DE, IA, KS, ME, MA, NC, OK, OR, VT) and may require that a separate election form be completed. Consult your tax advisor for additional information regarding State income tax withholding.

Please note the following if you are requesting payment to be sent outside the United States:

- If you are a U.S. Citizen living abroad, you are not able to opt out of Federal income tax withholding and a rate of 10% will be withheld unless a greater amount is indicated.
- If you are a non-resident alien and opting out of withholding, a completed Form W-8BEN must accompany this
 form in order to comply with the tax treaty for your country of permanent residence.

Caution: There are penalties for not paying enough federal income taxes during the year, either through withholding from distributions or by making estimated tax payments. For more information regarding estimated federal income tax requirements and penalties, please see Publication 505, Tax Withholding and Estimated Tax, available from most IRS offices or on line at www.irs.ustreas.gov.

Regarding Federal income tax withholding, I elect to have (check one): No Federal income tax withheld from my distributions. withheld (must be 10% or greater) mathematical withheld (amount must be 10% or more of the distribution amount)
Regarding State income tax withholding, I understand the withholding requirements for my state of residence and hereby elect to have (check one): No State income tax withheld from my distributions or I certify that I am not subject to State tax withholding. Withheld (amount) withheld (amount) withholding amount withheld
further understand that certain states require withholding of either 1) a specific minimum percent of my

distribution or federal withholding amount, or 2) an amount in whole dollars only. By signing below, I authorize the Custodian to adjust the withholding amount or percent requested above to meet those requirements, if applicable.

N15199 (07/07)

Distribution: 1 Copy - Retirement Services FL2-3319

1 Copy - Participant

Page 2 of 3

^{*} Required Beginning Date is April 1 of the calendar year following the year the participant attained or would have attained age 70½.

David Chasman 535 W. 110th #3A New York, NY 10025 +1 917 238 7500 david.chasman@gmail.com February 2, 2009

JP Morgan Chase Bank N.A.

Subject: Addendum to form N15199 for Rose Ann Chasman IRA.

Dear Madam or Sir:

Please transfer the IRA of my mother, Rose Ann Chasman, deceased, to myself and my brother, Haim Chasman. These contract bear a coupon or 12% or so, which we expect to be transferred to us (50% to each of us). We will satisfy our minimum IRA distribution requirements using other accounts left to use by our mother. Any distributions necessary to satisfy minimum withdrawal rules will be explicitly requested by us individually – and we will at that time provide you with payment instructions. If you are for any reason unable to comply with this request, please contact me.

Thank You.

David Chasman

JPMorgan Chase Bank, N.A.

Custodian

TRADITIONAL IRA ELECTION OF PAYMENT BY BENEFICIARY

Use this form to request a withdrawal from a Traditional IRA, Traditional Rollover IRA (Conduit), SEP, or SARSEP due to the death of a participant. To facilitate payment, a copy of the death certificate must be submitted with this request. Additional information may be required, including but not limited to letters of appointment or authority issued by a court of proper jurisdiction (applies to Estates only), properly executed inheritance or Estate tax waiver forms issued by the appropriate department (if applicable), and/or a copy of the Trust document. A separate form must be submitted for each beneficiary. To submit new instructions for a systematic sell of mutual funds held in your retirement brokerage account, complete a Mutual Fund Systematic Request. To change existing instructions for a systematic sell of mutual funds held in your retirement brokerage account, complete a Systematic Change Request.

Participant Info Participant Name (First)							
Participant Name (First)	(Middle Initial)	(Last)		***************************************			
Rose	Ann	Chasman					
Street Address		City		State	Zip Code	·	·····
2604 W. Jarvis		Chicago		IL	60645		
Social Security Number	Date of Birth	Date of Death	Res	idency Status	00040		
355-30-6310	09/27/1938	08/24/2007			tesident Alien □	Non-Resid	ent Alien
		···········			· · · · · · · · · · · · · · · · · · ·		0,117,110,11
Plan Type	aditional IRA ⊠ Trad	itional Rollover IRA	(Condu	it) DSEP	□SARSEF)	
Request Type □ No		ange of existing instr		110/ 011	- OAROLI		
	ott roqueot — One	ange or existing man	uction				
Beneficiary Info	rmation						
Beneficiary Name (First)	(Middle Initial)	(Last)					***
David		Chasman					
Street Address		City		State	Zip Code		****
535 W. 110th #3A		New York		NY	10025		
Social Security/Taxpayer ID Nu	ımber Date of Birth, if applic	able Daytime Phone N	lumber	Residency Sta			
015-40-4677	03/08/1964	917-238-750	0		Resident Ali	en 🗆 Non-F	Pacidant A
	**************************************				11001001117111		(Coluent A
Type of Beneficiary:	☑ Individual □Est	tate Trust TCh	arity [Other			
7,	arity Penroportotive if applicab	vaco — Trust — Offic	arity	Other			
	nent (Election options		eparate	accounting	rules. Consu	ult your ta	x adviso
	nent (Election options I elect to: □ Receive an imme □ Receive an imme	are based on the sediate total distribution	on in on	e lump sum. \$			x advisc
Election of Payn Elections Available to All Beneficiaries	nent (Election options I elect to: □Receive an imme □Receive an imme balance to be dis	are based on the sediate total distribution	on in on ition of I below.	e lump sum. \$	with th	ne	x advisc
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N15199 (07/07) Confidential

Non-spouse	The nationant diad before their D.					
Individual	The participant died before their Required Beginning Date* and I elect to receive					
Beneficiary(ies) or	distributions beginning no later than December 31 of the calendar year after the year of the participant's death (check one):					
Spouse Who Is	Over my single life expectancy CEE A TUTTA CITTED A DEPARTMENT					
Not the Sole	☑ Over my single life expectancy SEE ATTACHED ADDENDUM ☐ Over years (not to exceed my single life expectancy)					
	years (not to exceed my single life expectancy)					
Beneficiary	The participant died on or after their Required Beginning Date* and I elect to receive					
	distributions beginning no later than December 31 of the calendar year after the year of the					
	participant's death (check one):					
	□Over my single life expectancy					
	Over years (not to exceed the longer of my single life					
	expectancy or the single life expectancy of the decedent)					
Beneficiary Is	☐ The participant died before their Required Beginning Date* and I elect to receive					
Estate, Trust, or	distributions over years (not to exceed five years which ends on December 31 of					
Charity (additional	the calendar year which contains the fifth anniversary of the participant's death)					
documentation is	I he participant died on or after their Required Beginning Date* and Lelect to receive					
required)	distributions over years (not to exceed the remaining single life expectancy of the					
	queceased particpant).					
	☐I elect to receive periodic distributions according to the rules applicable to a Trust with					
	one or more designated beneficiaries.					
* Required Regioning Det	e is April 1 of the colondary con fall with the					

Rose Ann Chasman

355-30-6310

IV. Withholding Election

Distributions from a Traditional IRA, Traditional Rollover IRA (Conduit), SEP or SARSEP are subject to Federal and, in some cases, State income tax withholding. Unless you elect otherwise below, 10% of your distribution amount must be withheld in prepayment of Federal income taxes. This election will remain in effect until revoked in writing, by you. If applicable, State income tax must be withheld according to requirements for your state of residence. Several states require withholding from your distribution if you are subject to Federal income tax withholding (DE, IA, KS, ME, MA, NC, OK, OR, VT) and may require that a separate election form be completed. Consult your tax advisor for additional information regarding State income tax withholding.

Please note the following if you are requesting payment to be sent outside the United States:

- If you are a U.S. Citizen living abroad, you are not able to opt out of Federal income tax withholding and a rate of 10% will be withheld unless a greater amount is indicated.
- If you are a non-resident alien and opting out of withholding, a completed Form W-8BEN must accompany this
 form in order to comply with the tax treaty for your country of permanent residence.

Caution: There are penalties for not paying enough federal income taxes during the year, either through withholding from distributions or by making estimated tax payments. For more information regarding estimated federal income tax requirements and penalties, please see Publication 505, Tax Withholding and Estimated Tax, available from most IRS offices or on line at www.irs.ustreas.gov.

Regarding Federal income tax withholding, I elect to have (check one):		
No Federal income tax withheld from my distributions.		
% withheld (must be 10% or greater)		
withheld (amount must be 10% or more of the distribution amount)		
Regarding State income tax withholding , I understand the withholding requirements for mand hereby elect to have (check one):		
□ No State income tax withheld from my distributions or I certify that I am not subject to State	America de Materia	2.1.10
% withheld	tax withn	olding.
□ \$ (amount) withheld		
□% of federal withholding amount withheld		
I formation and the state of th		
further understand that certain states require withholding of all the states require withholding of all the states are states.		

I further understand that certain states require withholding of either 1) a specific **minimum** percent of my distribution or federal withholding amount, or 2) an amount in whole dollars only. By signing below, I authorize the Custodian to adjust the withholding amount or percent requested above to meet those requirements, if applicable.

^{*} Required Beginning Date is April 1 of the calendar year following the year the participant attained or would have attained age 70½.

Traditional IRA Election of Payment by Beneficiary

Rose Ann Chaeman

Continued)	aymone by bono	notar y		355-30-63
A. Instructions Regarding (Complete this section only ifIf the plan holds broker	non-FDIC investments mage assets, I hereby dire	nts oust be used to fund this ct that the asset(s) listed		
Decedent's IRA to my E				
Brokerage Account Number	Position D	escription or CUSIP#	# of Shares	All Shares
Attach additional sheet if nece	coan/			
□Paid by check to n	hase \square checking or \square ne at the address listed	savings account # d above	,	 at
Financia	Institution's Name		Institution's Routing Transit	Number
Mi	ailing Address	savings account form is	City, State Zip	
requested above. I have Custodial Agreement and I be fees associated with the I am responsible for ensidistributions can have in applicable, will be reposite accounting or tax advisor the resulting distributions. regarding this election are	received, read and ag Disclosure Statement a e liquidation of certain uring that there are s portant tax consequented to the IRS on or for questions. I a I certify that no tax or	gree to the terms that and Account Rules and investments including sufficient funds for the tences and that these Form 1099-R. I usuame full responsibilegal advice has been	hare of the deceased's IF at govern my share as con ad Regulations. I acknowle early withdrawal penalties nese distributions. I under the distributions, and any anderstand that I should lity for the consequences of a given to me by the Custo of any resulting liabilities Notary (required if not con State of	ntained in the If dge that there m I understand the tax withholding consult a leg of this election a dian. All decision
gnature of Beneficiary/Guardian		Date	County of	
15/2		Thos	Subscribed and sworn to me	Date
cepted by JPMorgan Chase Bank, N	ARTMENT INFORMAT		Notary Signature	
Employee Name	Mail Code OG S/	Cost Center No.	Date 02/02/09	
14 10 FIGUE	Co A	D152480	Telephone No. 2/2 SG190	21

David Chasman 535 W. 110th #3A New York, NY 10025 +1 917 238 7500 david.chasman@gmail.com July 14, 2008

JP Morgan Chase Bank N.A.

Subject: Addendum to form N15199 for Rose Ann Chasman IRA.

Dear Madam or Sir:

Please transfer the IRA of my mother, Rose Ann Chasman, deceased, to myself and my brother, Haim Chasman. These contract bear a coupon or 12% or so, which we expect to be transferred to us (50% to each of us). Any distributions necessary to satisfy minimum withdrawal rules will be explicitly requested by us individually. If you are for any reason unable to comply with this request, please contact me.

Thank You.

David Chasman

3rd Pg Not Rec JPMorgan Chase Bank, N.A.

TRADITIONAL IRA ELECTION OF PAYMENT BY BENEFICIARY

(Last)

(Middle Initial)

Use this form to request a withdrawal from a Traditional IRA, Traditional Rollover IRA (Conduit), SEP, or SARSEP due to the death of a participant. To facilitate payment, a copy of the death certificate must be submitted with this request. Additional information may be required, including but not limited to letters of appointment or authority issued by a court of proper jurisdiction (applies to Estates only), properly executed inheritance or Estate tax waiver forms issued by the appropriate department (if applicable), and/or a copy of the Trust document. A separate form must be submitted for each beneficiary. To submit new instructions for a systematic sell of mutual funds held in your retirement brokerage account, complete a Mutual Fund Systematic Request. To change existing instructions for a systematic sell of mutual funds held in your retirement brokerage account, complete a Systematic Change Request.

	Rose	Ann	Chasman		
	Street Address		City	State	Zip Code
	2604 W. Jarvis		Chicago	<u>IL</u>	60645
	Social Security Number	Date of Birth	Date of Death	Residency Status	
	355-30-6310	09/27/1938	08/24/2007	₩ US Citizen □Re	esident Alien Non-Resident Alien
	Plan Type	ditional IRA ⊠ Trac	litional Rollover IRA	(Conduit) □SEP	□SARSEP
	Request Type □ Nev		ange of existing inst		- 0, ((OL)
			ango or oxioning more	action .	
II.	Beneficiary Inforn	nation			
***	Beneficiary Name (First)	(Middle Initial)	(Last)		
	David	, ,	Chasman		
	Street Address		City	State	Zip Code
	535 W. 110th #3A		New York	NY	10025
	Social Security/Taxpayer ID Num	ber Date of Birth, if applic	cable Daytime Phone N	ricoladiloj Clai	us
	015-40-4677	03/08/1964	917-238-750	0 ☑ US Citízen	Resident Alien Non-Resident Alien

	Type of Beneficiary:	Individual □Es	tate □Trust □Ch	arity □Other	
	Name of Executor, Trustee, Chari	ty Representative, if applica	ble		
III.	Flaction of Payme	ant /Election ention	a ara basad sa tha s		materia Cara III
****		····	5 are based on the 8	ATTACKETS	rules. Consult your tax advisor.)
	Elections	l elect to:	SEE AT	DENDUM.	
	Available to All	□ Receive an imm	ediate total distributi	on in one lump sum.	
	Beneficiaries	□Receive an imm	ediate partial distribi	ution of \$	with the
		palance to be di	stributed as selected	i below.	
	Sole Beneficiary	The participant die	d before their Regu	ired Beginning Date*	and I elect to:
	Is the Spouse	□Receive distribut	tions beginning no la	iter than December 3	31 of the calendar year in which
		the participant wou	lld have reached age	e 70 ½ or December	31 of the calendar year after
		the year of the part	ticipant's death (che	ck one):	or or the balletidal year after
			le life expectancy	,	
		□ Over	years (not to exceed	d my single life exped	ctancy)
		Assume the decomposition Assume	eased participant's p	olan as my own.	**
					and the second s
		The participant die	d on or after their R	equired Beginning D	ate* and I elect to:
		□Receive distribut	ions beginning no la	iter than December 3	31 of the calendar year after the
			ant's death (check o	ne):	La constant de la con
			le life expectancy		
		□ Over	years (not to excee	d the longer of my si	ngle life
		expectancy of	or the single life exp	ectancy of the deced	ent)
		required minimum	caseu participant's p	oran as my own. I und	derstand that the decedent's
		navment of any rer	uiambumon must be naining required mir	withdrawn prior to as ilmum distribution an	ssuming the IRA. I authorize the
1		payment of any let	nannig required IIIII	minum distribution an	iount to me.
1	<u> </u>				

N15199 (07/07) Confidential

1.

Participant Information

Participant Name (First)

Distribution: 1 Copy - Retirement Services FL2-3319 1 Copy - Participant

JPM 000030

Traditional IRA Election of Payment by Beneficiary Rose Ann Chasman (Continued) 355-30-6310 V. Payment Instructions A. Instructions Regarding Non-FDIC Investments (Complete this section only if non-FDIC investments must be used to fund this withdrawal.) ☐ If the plan holds brokerage assets, I hereby direct that the asset(s) listed below be liquidated and distributed. ☐ If the plan holds brokerage assets, I hereby direct that my share of the asset(s) listed below be journaled from the Decedent's IRA to my Beneficiary IRA. Brokerage Account Number Position Description or CUSIP # # of Shares **All Shares** Attach additional sheet if necessary. B. Instructions Regarding Retirement CDs and Money Market Accounts 1. Payments are to be made: ☐Monthly ☐Quarterly ☐Semiannually ☐Annually 2. Begin payments on 3. Payments are to be (check one and complete requested information): □ Deposited to my Chase □ checking or □ savings account # ☐ Paid by check to me at the address listed above □ Deposited to my □ checking or □ savings account

VI. Beneficiary Acknowledgement

Financial Institution's Name

Mailing Address

The Custodian is authorized and directed to distribute from my share of the deceased's IRA in the manner requested above. I have received, read and agree to the terms that govern my share as contained in the IRA Custodial Agreement and Disclosure Statement and Account Rules and Regulations. I acknowledge that there may be fees associated with the liquidation of certain investments including early withdrawal penalties. I understand that I am responsible for ensuring that there are sufficient funds for these distributions. I understand that these distributions can have important tax consequences and that these distributions, and any tax withholding if applicable, will be reported to the IRS on Form 1099-R. I understand that I should consult a legal, accounting or tax advisor for questions. I assume full responsibility for the consequences of this election and the resulting distributions. I certify that no tax or legal advice has been given to me by the Custodian. All decisions regarding this election are my own and I hold the Custodian harmless of any resulting lightities.

(A voided check or savings account form is required.)

Institution's Routing Transit Number

City, State Zip

accounting or tax advisor for quest	ions. I assume full responsibil no tax or legal advice has been	nderstand that I should consult a leading ity for the consequences of this election is given to me by the Custodian. All decises any resulting liabilities
XSignature of Beneficiary/Guardian	7/14/2008 Date	Notary (required if not completed in branch) State of
Accepted by IDM Charles II May Charles	7/14/08	County of Subscribed and sworn to me
Accepted by JPMergan Chase Bank, N.A. (Custodian)) / Date	Notary Signature
REQUIRED BRANCH/DEPARTMENT IN	VFORMATION	and the state of
Bank No. Mail Code	OS Cost Center No.	Date 07/14/08
Employee Name FIG KROA	DIS2480	Telephone No. 2/2 96/902 1

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1 Copy - Participant

JPMorgan Chase Bank, N.A.

Custodian

TRADITIONAL IRA ELECTION OF PAYMENT BY BENEFICIARY

Use this form to request a withdrawal from a Traditional IRA, Traditional Rollover IRA (Conduit), SEP, or SARSEP due to the death of a participant. To facilitate payment, a copy of the death certificate must be submitted with this request. Additional information may be required, including but not limited to letters of appointment or authority issued by a court of proper jurisdiction (applies to Estates only), properly executed inheritance or Estate tax waiver forms issued by the appropriate department (if applicable), and/or a copy of the Trust document. A separate form must be submitted for each beneficiary. To submit new instructions for a systematic sell of mutual funds held in your retirement brokerage account, complete a Mutual Fund Systematic Request. To change existing instructions for a systematic Change Request.

			The state of the s
Participant In	formation		
Participant Name (First)	(Middle Initial)	(Last)	
Rose	Ann	<u>Chasman</u>	
Street Address		City	State Zip Code
<u>2604 W. Ja</u> rvis		Chicago	
Social Security Number	Date of Birth	Date of Death	IL 60645
<u>355-30-6</u> 310	09/27/1938	08/24/2007	Residency Status
		00/24/2007	■ US Citizen □ Resident Alien □ Non-Resident Alien
Plan T <u>ype</u> 121 ⊤	raditional IRA Tradi	fignal Dallacon (D. C.	
		tional Rollover IRA (Co	nduit) USEP USARSEP
reduces Type = 1	ew request U Cha	nge of existing instructi	on
_		<u> </u>	
Beneficiary Info	rmation		
Beneficiary Name (First)	(Middle Initial)	(Lest)	
<u>Haim</u>	Seth	Chasman	
Street Address		City	State Zip Code
548 Cumberland Street		_ Englewood	·
Social Security/Texpayer ID No	umber Date of Birth, if applica	bie Daytime Phone Number	NJ 07631
336-72-6472	12/25/1969	1	1 Coldency Claids
	7220/1005	<u>917-562-5664</u>	■ US Citizen □ Resident Alien □ Non-Resident Alien
Type of Beneficiary:	Mindividual □ Eate	ate □Trust □Charity	
Name of Executor, Trustee, Ch	arity Representative, if applicable	ite ⊔ rust ⊔Charity	□ Other
	- 14 representative, it applicable	•	
		<u> </u>	
	<	00 N++-	
Election of Payn		ee 71/19(hed Addendum
Election of Payn	าent (Election options ส	are based on the separ	rate accounting rules. Consult your tax advisor.)
Elections	I elect to:		The accounting rales. Consult your tax advisor.)
Available to All			
Beneficiaries	Teceive an immed	liate total distribution in	one lump sum.
Deficiaries	∥ — ⊬écet∧e au immed	late partial distribution	Of ♥
	balance to be distr	ibuted as selected belo	ow.
Sole Beneficiary	The portion and in a line		
Is the Spouse	The participant tied t	perore their Required E	Beginning Date* and I elect to:
is the Spouse	* LACCEIAE MISHIDHADI	OS DECIDADA AA ISTAE 🕪	ton Danamakan Ada same
	The state of the s	1987 E COCHEU SCH / 1	/s/OF)@@@@@@@_@4
	,	PAIN 3 UGALII KIIPEK AA	e):
1 :	Over my single i	life expectancy	
	∤ ⊔Overye	ars (noNo exceed my	single life expectancy)
	☐ Assume the deceas	sed participant's plan a	S MY OWN
		\ /	
	The participant died o	n or after Meir Requir	ed Beginning Date* and I elect to:
1	Receive distribution	s beginning no later th	on December 24 - 4 //
1	year of the participant	's death (check and)	ed Beginning Date* and I elect to: an December 31 of the calendar year after the
	□Over my single		1
	Over	me expectancy	
	Avnorton - : #	ars (not to exceed the	longer of my single life
	CVDECISION OL II	ne single lite evnecten.	NA OF the National and the state of the stat
	Uponine Tue decess	ed participant's nion as	house mason. Permatana and a second
	Payment of any remain	ning required minimum	distribution amount to me.

N15199 (07/07)

Distribution: 1 Copy - Retirement Services FL2-3319 1 Copy - Participant

Page 1 of 3

Non-spouse	The participant died before their Barrier L	
Individual	The participant died before their Required	eginning Date* and I elect to receive
Beneficiary(ies) or	Darkcinant's dooth (check and)	per 31 of the calendar year after the year of the
	The result (check one):	E ATTACHED ADDENDUM
Spouse Who Is	The my cincle life expectancy. 5%	K MITTICHED MODEN DUM
Not the Sole	years (not to exceed my	single life-expectancy)
Beneficiary	1	· /
	The participant died on or after their Requir	ed Beginning Date* and Lelect to receive
	,	per 31 of the calendar year after the year of the
an an	1	Joan and the year of the
	Over my single life expectancy	
	Over vears (not to exceed the	longer of my single #f-
	expectancy or the single life expectan	ty of the decedent
B		
Beneficiary is	☐ The participant died before their Required	Beginning Date* and Lelect to respins
Estate, Trust, or	AND TO A COLOR OF THE PARTY OF	BOO TWO VAARA Whish and a see to see the
Charity (additional	THE PROPERTY AND ADDRESS OF THE PARTY.	anniborcon, of the section with the section (
documentation is	The Participant Olds on or affer their Regul	TOOL BOOKS OF Details and a second of the se
required)	distributions over years (not to evo	eed the remaining single life expectancy of the
	deceased particpant).	of the remaining single life expectancy of the
	□ I elect to receive periodio distributions acc	adian to the sales
	one or more designated beneficiaries.	ruing to the rules applicable to a Trust with
 Required Beginning Date 	is April 1 of the calendar year following the year the	articipant attained as would be
	y and your tile	would have attained age 70½.
	•	Rose Ann Chasman
	•	355-30-6310
Mith h = 1 -1:		1 220-30-0310

IV. Withholding Election

Distributions from a Traditional IRA, Traditional Rollover IRA (Conduit), SEP or SARSEP are subject to Federal and, in some cases, State income tax withholding. Unless you elect otherwise below, 10% of your distribution amount must be withheld in prepayment of Federal income taxes. This election will remain in effect until revoked in writing, by you. If applicable, State income tax must be withheld according to requirements for your state of residence. Several states require withholding from your distribution if you are subject to Federal income tax withholding (DE, IA, KS, ME, MA, NC, OK, OR, VT) and may require that a separate election form be completed. Consult your tax advisor for additional information regarding State income tax withholding.

Please note the following if you are requesting payment to be sent outside the United States:

- If you are a U.S. Citizen living abroad, you are not able to opt out of Federal income tax withholding and a rate of 10% will be withheld unless a greater amount is indicated.
- If you are a non-resident alien and opting out of withholding, a completed Form W-8BEN must accompany this form in order to comply with the tax treaty for your country of permanent residence.

Caution: There are penalties for not paying enough federal income taxes during the year, either through withholding from distributions or by making estimated tax payments. For more information regarding estimated federal income tax requirements and penalties, please see Publication 505, Tax Withholding and Estimated Tax, available from most IRS offices or on line at

	
Regarding Federal income tax withholding, I elect to have (check No Federal income tax withheld from my distributions. """""""""""""""""""""""""""""""""""	·
Regarding State income tax withholding, I understand the withholding lett to have (check one): No State income tax withheld from my distributions or I certify that withheld (amount) withheld s (amount) withheld so federal withholding amount withheld	olding requirements for my state of residence
further understand that certain states require withholding of ei distribution or federal withholding amount, or 2) an amount in whole Custodian to adjust the withholding amount or percent requested abo	

N15199 (07/07)

Distribution: 1 Copy - Retirement Services FL2-3319 1 Copy - Participant

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Traditional IRA Election of Payment by Beneficiary (Continued)	Rose Ann Chasman
V. Payment Instructions	355-30-6310
A Instructions Beautiful to Bea	
A. Instructions Regarding Non-FDIC Investments	
(Complete this section only if non-FDIC investments must be used to fund this withdrawal.)	
" O'C Plan HOLD DIONETHIE ASSETS I heroby direct that the account of the second state	idated and distributed
Decedent's IRA to my Beneficiary IRA.	below be journaled from the
Brokerage Account Number Position Description or CUSIP #	227 Finally (A. S et al. 1211 Controposition & Control Cont
	ALPHA SHALLS IN SHALL SH
Attach additional sheet if necessary.	
The state of the s	····
B. Instructions Regarding Retirement CDs and Money Market Accounts	
······································	lv
	•
3. Payments are to be (check one and complete requested information):	
Toposited to the Chase Lichecking or Describes account #	
Paid by check to me at the address listed above	-
□ Deposited to my □ checking or □ savings account #	at
Financial Institution's Name	
insutution's	Routing Transit Number
Mailian	
Mailing Address City, State (A voided check or savings account form is required.)	te Zip
Signature or Beneficiary/Guardien Date State of County of	I acknowledge that there may val penalties. I understand that ons. I understand that these is, and any tax withholding if at I should consult a legal, sequences of this election and by the Custodian. All decisions liabilities
REQUIRED BRANCH/DEPARTMENT INFORMATION	
Doeld No.	
Balik No. Mail Code	te
Employee Name Mail Code Cost Center No. Dat 09/	te /08/08
Mail Code Cost Center No. Dat	

N15199 (12/2006)

Distribution: 1 Copy - Retirement Services FL2-3319 1 Copy - Participant

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Haim Chasman 548 Cumberland Street Englewood NJ 07631 +1 917 238 7500 562-5664 hchasman@kablanplumbing.com September \$, 2008

JP Morgan Chase Bank N.A.

Subject: Addendum to form N15199 for Rose Ann Chasman IRA.

Dear Madam or Sir:

Please transfer the IRA of my mother, Rose Ann Chasman, deceased, to myself and my brother, David Chasman. These contract bear a coupon or 12% or so, which we expect to be transferred to us (50% to each of us). Any distributions necessary to satisfy minimum withdrawal rules will be explicitly requested by us individually. If you are for any reason unable to comply with this request, please contact me.

Thank You.

Haim Chasman